

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90338 049 \*\*\*\*61.25

0017012

**DOCUMENT # 704886**

1. Entity Name  
**PILOT SCHOLARSHIP HOUSE FOUNDATION, FLORIDA DISTRICT, INC.**



Principal Place of Business  
**%SOUTHERN SCHOLARSHIP FOUNDATION  
322 STADIUM DR.  
TALLAHASSEE FL 32304  
US**

Mailing Address  
**%JANE P. BURTON, TREASURER  
1849 -25TH ST.  
VERO BEACH FL 32960  
US**

**11036001**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-6147872**

Applied For  
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BURTON, JANE P  
1849 -25TH ST.  
VERO BEACH FL 32960**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>T</b> <input type="checkbox"/> Delete
NAME	<b>TUDINE, ANITA</b>
STREET ADDRESS	<b>ONE MONTIGUE</b>
CITY-ST-ZIP	<b>FORT PIERCE FL 34951</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>RIEVES, PHYLLIS</b>
STREET ADDRESS	<b>18468 CUTLASS DRIVE</b>
CITY-ST-ZIP	<b>FORT MYERS BEACH FL 33931</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>EDENFIELD, CHARLOTT</b>
STREET ADDRESS	<b>3187 CHAIRES CROSS RD.</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32311</b>
TITLE	<b>PE</b> <input type="checkbox"/> Delete
NAME	<b>BURTON, JANE</b>
STREET ADDRESS	<b>1849 25TH STREET</b>
CITY-ST-ZIP	<b>VERO BEACH FL 32960</b>
TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>HAWKINS, BELINDA</b>
STREET ADDRESS	<b>820 MOCKINGBIRD DRIVE</b>
CITY-ST-ZIP	<b>PORT ORANGE FL 32127</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Pres. Elec. **4/29/2003 772/587-2084**

CR2E037 (10/02)